FEC

STATEMENT OF

FORM 1	ORGANIZAT	TON		
i Oitim i	(See instructions)			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
SMURFIT-STO	NE CONTAINER CORPORATION PO	PLITICAL ACTION COM	NITTEE	
ADDRESS (number and s	Six City Place Drive			
(Check if address		<u> </u>		
is changed)	Creve Coeur		MO	63141 -
	Cl	TY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MAII	ADDRESS (Please provide only one e-mail			
(Check if address is changed)	gvmt_affairs@smurfit.c	com 		
is an anger)				
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
(Check if address	1			
is changed)				
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER C	C00117424		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
Logrify that I have evamin	ned this Statement and to the best of my knowled	dge and helief it is true correct an	nd complete	
reening that mave examin	·	age and belief it is true, correct at	id complete	
Type or Print Name of	reasurer Brian K Gardner			
Signature of Treasurer	Electronically Filed by Brian K Gard	iner	Date 03	/ 10 / Y Y Y O 1 O
NOTE: Submission of fals	se, erroneous, or incomplete information may su ANY CHANGE IN INFORMATIO		·	
Office		For further information of		
Use		Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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5.		OMMITTEE (Check One)			
	Candidate C	Committee:			
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name of Candidate				
	Candidate Party Affiliati	Office Sought: House Senate President	State District		
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate				
	Party Comm	nittee:			
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.		
	Political Act	tion Committee (PAC):			
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:		
		Corporation Corporation w/o Capital Stock La	bor Organization		
		Membership Organization Trade Association Co	ooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint Fundraising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political		
	(h)	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
	Committees Participating in Joint Fundraiser				
		1 FEC ID number C			
		2. FEC ID number			
		3. FEC ID number			
		EEC ID number C			

Write or Type Committee Name

	SMURFIT-STONE CONT	FAINER CORPORATION POLITIC	AL ACTION COMMITTEE	
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint	Fundraising Representative, or I	Leadership PAC Sponsor
Ш	Smurfit-Stone Container	Corporation		
	Mailing Address	Six City Place Drive		
		Creve Coeur		63141 <u> </u>
		CITY	STATE A	ZIP CODE 🛦
	Relationship:	_		_
	X Connected Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
7.	possession of Committee	entify by name, address, (phone nu books and records.	mber optional), and position	of the person in
	Full Name			
	Mailing Address	Six City Place, Suite	÷ 500	
		Creve Coeur	_MO	63141
	Title or Position ▼	CITY A	STATE	ZIP CODE A
	Director		Telephone number	4 - 656 - 5362
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).			
Full Name of Treasurer Brian K Gardner				
	Mailing Address	Six City Place Drive	•	
		Creve Coeur		63141
	Title or Position ♥	CITY ▲	STATE	ZIP CODE A
	Treasurer		Telephone number 3	14 _ 656 _ 5283
			i eleptione number	

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Full Name of Designated Agent	Craig A Hunt		
Mailing Address	Six City Place Drive		
	Creve Coeur	MO	63141 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Chairmar	Telep	phone number	
 Banks or Other Depositor safety deposit boxes or mair Name of Bank, Depository, of More 	nolds accounts, rents		
Mailing Address	8182 Maryland Avenue, 4th Floor		
	Clayton	MO	63105
	CITY 🗖	STATE △	ZIP CODE 🛕
Name of Bank, Depository, 6	etc.		
Mailing Address			
	CITY 🙇	STATE ▲	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintain:	List all banks or other depositories in which the committee stunds	tee deposits funds, holds	s accounts, rents
Name of Bank, Depository, etc.	o tando.	[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Repr	esentative, or Leaders	[ADDITIONAL] ship PAC Sponsor
Mailing Address			
		ا ليا ل	
Relationship:	CITY▲	STATE ▲	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Repr	resentative Lead	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
	ppher Brescia		
Mailing Address	Six City Place, Suite 500		
	Creve Coeur	МО	63141
Title or Position ▼	CITY A	STATE. ▲	ZIP CODE A
Director	Telepho	314 one number	656 5362
Joint Fundraiser Participant			[ADDITIONAL]
	FE	C ID number	